

## **MOUNT CARMEL CEMETERY**

Archdiocese of Newark - Catholic Cemeteries 10 Serpentine Road, Tenafly, NJ 07670 Office: (201) 569-8727 / Fax: (201) 569-1567

E-mail: MC.Eprocess@rcan.org

## **Interment Authorization**

(PLEASE PRINT AND COMPLETE IN FULL)

Deceased: _		Date of Birth		Parish:	
Date of Interment:  Funeral Home:					
Address:					
Vault Compa	any:			Tel. (i.e 97	34974000) Do not use spaces
Vault		Urn/Vault			Urn in Casket
Casket Only		MausoGuard	Kryprotek		Cherub
Full Location	of Grave/Crypt/	Niche:			Depth:(1,2,3)
To be interre	ed with:	Original Certificate Holder:			
••••••		(For Cemetery Office Use Only)			(Int.)
Cert.#	Date: Location:		Owner:		
Please check	k one: ORIG	INAL HOLDER IS LIVING	ORIGINAL H	HOLDER IS D	ECEASED (All heirs to sign)
		der(s), or all heir(s) of the o	s of		in said location.
(Full Location of Grave, Crypt, Niche)			(Name of Deceased)		
			Signature:		
Address:E-Mail:			Telephone:		
Print Name:			Signature:		
Address:				-1	
E-Mail:			Telephone:		
Print Name:Address:			Signature:		
E-Mail:			Telephone:		
			Signature:		
Address:					
E-Mail:			Tele	phone:	
			Witness:		uneral Director)
				(F	uneral Director)

Deponent(s) further agree to hold harmless, and to defend and indemnify, the Roman Catholic Archdiocese of Newark and its officers, employees, representatives and agents from any loss or claim arising from reliance upon the information contained herein.